Mrs Louise Elizabeth Field

# Louise Field Consulting.

**Inspection report**

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Overall summary

We carried out an inspection of Louise Field Consulting using our comprehensive methodology on 26 April 2022. The service has not been previously inspected.

Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day.

This was the first time we inspected the service. We rated it as good because:

- The registered manager was up to date with mandatory training and had the right qualifications, skills, training and experience to keep patients safe and to provide the right care and treatment. The registered manager understood how to protect patients from abuse. The service generally controlled infection risk well. A comprehensive assessment was completed for each patient including a feeding assessment and assessment of risk. Staff kept detailed records of patients' care and treatment.
- The service followed national guidance and evidence-based practice. The registered manager supported primary care givers and legal guardians to make informed decisions about their baby's care and treatment.
- There was a high level of aftercare available to primary care givers following their procedure. The registered manager treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it. Services were offered seven days a week.
- It was easy for people to give feedback and raise concerns about care received. Feedback from primary care givers was consistently positive.

However:

- At the time of our inspection, the registered manager did not dispose of clinical waste and sharps used during the procedure in appropriate clinical waste at the point of care. This meant staff did not always control infection risk well.
- At the time of our inspection the service policies and procedures were not personalised to the service. Systems to monitor the effectiveness of care and treatment were not fully embedded. Governance processes were in place, although they were not fully embedded.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
| --- | --- | --- |
| Surgery | Good | |

# Summary of findings

## Contents

# Summary of this inspection

## Background to Louise Field Consulting.

The provider offers tongue-tie services within the Northamptonshire area. Tongue tie, also known as ankyloglossia, is a condition where the strip of skin connecting the babies' tongue to the bottom of their mouth is shorter than usual. Some babies require a surgical intervention to release the tongue, which is known as a frenulotomy. The provider carries out assessments of tongue function and feeding assessments prior to carrying out frenulotomy procedures.

The provider is qualified to provide frenulotomy divisions for babies up to the age of one year. Divisions on older babies with teeth are referred to the local NHS team or to the patient's GP.

The service has been regulated with the CQC to undertake the regulated activity of surgical procedures since 1 August 2019. The registered manager is a sole trader and is the clinician who carries out the regulated activity. They are a registered midwife and registered with the International Board of Certified Lactation Consultants (IBCLC) for feeding. They are listed as an approved independent tongue tie practitioner with the Association of Tongue Tie Practitioners (ATP).

In addition to frenulotomy, the provider offers baby feeding and lactation support as well as sleep advice, which are not regulated by the CQC.

The service offers appointments in peoples home only and offers up to 10 appointments per week. Bookings are taken over the telephone. Appointments offered are for assessment of the tongue and surgical division procedures. These are normally undertaken within the same appointment.

From 1 April 2021 to 31 March 2022, the provider carried out 342 frenulotomy procedures.

## How we carried out this inspection

We carried out an inspection of Louise Field Consulting using our comprehensive methodology on 26 April 2022. The service has not previously been inspected.

Our inspection was announced. We gave the provider short notice to ensure their availability on the day.

During the inspection visit, the inspection team:

- Spoke with the registered manager.
- Reviewed four records.
- Spoke with five primary care givers, referred to as 'women' throughout the report.
- Observed one patient consultation and a frenulotomy procedure.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies and procedures.
- Reviewed and observed the storage of equipment and records.

The onsite inspection team consisted of a CQC inspector who was supported offsite by an inspection manager.

# Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

## Areas for improvement

**Action the service SHOULD take to improve:**

- The service should ensure all clinical waste is disposed of safely at the point of care to prevent the spread of infections and accidental injury. This includes but is not limited to; surgical scissors, gauze swabs used to stem bleeding and personal protective equipment used during the frenulotomy procedure. Regulation 12 (2)(h): Safe care and treatment.
- The service should ensure effective governance processes are fully implemented to assess, monitor and drive improvement in the quality and safety of services provided. This includes but is not limited to; a programme of quality and effectiveness audits, feedback from people who use the service and peer reviews. Regulation 17 (1)(2)(a) and (b): Good governance.
- The service should ensure all policies and procedures are personalised to the service. Regulation 17 (1)(2)(a) and (b): Good governance.
- The service should consider implementing an effective process for collating feedback from people who use the service.
- The service should consider implementing a routine quality and effectiveness report to monitor all service outcomes and progress overtime.

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Surgery | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Good

# Surgery

| | |
|---|---|
| Safe | Good |
| Effective | Good |
| Caring | Good |
| Responsive | Good |
| Well-led | Good |

## Are Surgery safe?

Good

This is the first time we rated safe. We rated it as good.

### Mandatory training

**The registered manager completed and kept up to date with mandatory training.**

The mandatory training was comprehensive and met the needs of patients and the provider. The registered manager was up to date with mandatory training completed through a local NHS trust. Training modules completed included but was not limited to; health and safety, data security, equality and human rights, infection prevention and control and conflict resolution.

The registered manager had completed basic life support and neonatal basic life support through a maternity training day at a local NHS trust in April 2022. Furthermore, the manager had completed advanced neonatal life support in 2018 which was valid for four years.

The registered manager had completed a recognised training course in frenulotomy and had evidence of competency in carrying out the procedure. This included dealing with adverse events such as excessive bleeding.

Mandatory training information and completion information was accessible on an electronic record. The registered manager monitored their mandatory training and received automated reminders when courses required updating.

### Safeguarding

**The registered manager understood how to protect patients from abuse and the service worked well with other agencies to do so. They had training on how to recognise and report abuse and they knew how to apply it.**

The registered manager received training specific for their role on how to recognise and report abuse. This included safeguarding children and safeguarding adults level three. Training was in line with the Safeguarding Children and Young People Roles and Competencies for Health Care Staff Intercollegiate document 2019.

An up-to-date safeguarding children and adult policy was followed and had been reviewed in April 2022. This detailed all aspects of identifying and dealing with abuse including information on female genital mutilation.

Good

# Surgery

The registered manager knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The registered manager described potential safeguarding risks such as domestic abuse or neglect. The provider undertook home visits only which meant they could assess any potential risks of harm in the home and provide personalised advice and guidance to reduce risks of harm. For example, during our inspection we observed the registered manager provide advice about safe feeding and sleeping habits to reduce potential risk of accidental harm.

Processes were in place to ensure the primary caregiver was in attendance during the consultation assessment and frenulotomy procedure. The registered manager accepted consent from the primary caregivers only and would not carry out the procedure on a baby where their identity was not confirmed.

The provider requested to see the personal child health record, also known as the red book. This enabled the provider to identify any previous safeguarding concerns recorded by other professionals such as community midwives. As part of the frenulotomy assessment, the provider undertook an assessment of the baby's anatomy which enabled an assessment of potential physical harm having occurred.

The registered manager knew how to make a safeguarding referral and who to inform if they had concerns. The manager had not made any recent safeguarding referrals, however, could describe how they would get in contact with the local multiagency safeguarding hub. The manager had relationships with local midwives and told us they would make contact if they had any concerns. In addition, the registered manager told us they signposted primary care givers to other service for support with issues such as crying babies or, if identified as a risk, domestic abuse services.

### Cleanliness, infection control and hygiene

**The service generally controlled infection risk well. Processes were in place to prevent surgical site infections. The registered manager generally used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean.**

The provider did not have a clinic base and completed all assessments and tongue tie divisions in the family home. All equipment required was stored in an office which was clean and tidy. Clinical equipment was stored in draws within the office which were clean, and all equipment was single use and in sealed sterile packs.

The registered manager used records to identify how well the service prevented infections. The primary care giver was asked to complete a pre-assessment, including a COVID-19 risk assessment. Past infection history for the mother and baby was documented during the assessment and recorded on the electronic patient record. The manager advised the primary care giver to get in contact if there were any concerns regarding infection following the frenulotomy procedure. The service had not been made aware of any post frenulotomy procedure infections in the 12 months prior to the inspection.

The registered manager worked effectively to prevent surgical site infections. Single use surgical items were used. This included a sterile pack containing surgical scissors, gauze swabs and gloves. We checked five packs which were all in date. The frenulotomy procedure was carried out using an aseptic technique.

The registered manager generally followed infection control principles including the use of personal protective equipment (PPE). We observed they were always bare below the elbow and hair was tied back. There was adequate stock of PPE including aprons, latex free surgical gloves and face masks. We observed the registered manager always wore a face mask before entering the family home and throughout the appointment. Aprons and gloves were put on before

having any physical contact with the baby and were changed regularly. The registered manager washed their hands before and after the frenulotomy procedure and used hand sanitising gel frequently during the appointment. All primary care givers we spoke with after our inspection described the registered manager adhering to good infection, prevention and control practices.

The registered manager did not fully follow infection control principles when disposing of PPE and equipment used during the frenulotomy procedure. The registered manager did not carry clinical waste or sharps bins to home visits which meant the scissors, gauze and PPE used during the frenulotomy procedure could not be safely disposed of at the point of care. The manager placed the equipment in a sealable plastic bag and placed them in sharps bins on return to the office. This meant the guidelines for the safe disposal of clinical waste and sharps were not fully followed. We raised this with the registered manager at the time of our inspection who told us they would start taking out portable sharps clinical waste bins to mitigate the risk of cross contamination and potential sharps injury. Following the inspection, the registered manager confirmed this had been implemented immediately.

Equipment was cleaned after patient contact. The registered manager used disinfectant wipes to clean down any equipment such as the bag carried during the home visit and baby changing mat. The manager allowed enough time between home visits to return to base and clean equipment and change clothes before undertaking another visit.

### Environment and equipment

**The maintenance and use of equipment kept people safe. Staff were trained to use them. Processes were in place to manage clinical waste.**

All assessments and frenulotomy procedures were undertaken in the family home. The provider did not operate a clinic at the time of the inspection. The service ensured the primary care giver had suitable equipment to undertake the procedure safely. The manager undertook the procedure on a suitable sturdy flat surface that was accessible from two sides in line with the tongue tie policy. This ensured the person holding the baby's head could do so safely whilst holding the baby still during the procedure. A baby mat and a blanket to swaddle the baby during the procedure was provided by the primary care giver.

During our inspection we saw the manager ensured the surface of the table and the area around the table was clear, and the mat was cleaned.

The registered manager completed daily safety checks of specialist equipment. For example, the manager checked the single use resuscitation kit to ensure all items were included before each visit.

The service had enough suitable equipment to help them to safely care for patients.

Processes were in place to dispose of clinical waste safely, however, at the time of the inspection this was not at the point of care. The registered manager had a contract with the local council to collect sharps bins. During our inspection we saw sharps bins were in good condition, dated and not full. Whilst clinical waste and scissors used during the frenulotomy procedure were not disposed of at the point of care, the registered manager disposed of this in appropriate clinical waste and sharps bins on return to the registered location.

The registered manager had a process to ensure their safety on home visits. The lone working policy had been reviewed in April 2022 and was included on the risk register. A telephone triage prior to the visit was undertaken to assess for any environmental risks. This included an overview of who would be present during the procedure. The registered manager left details of where they were going and how long they would be with a trusted person. The registered manager carried a panic alarm.

### Assessing and responding to patient risk

**The registered manager completed and updated risk assessments for each patient and removed or minimised risks. The registered manager identified and quickly acted upon patients at risk of deterioration.**

Risk assessments were carried out for each patient. The registered manager contacted each new referral by telephone and undertook a screening assessment. This ensured the baby met the acceptance criteria. For example, the baby was less than 12 months old and there were no health complications that would exclude them from the procedure. The primary care giver was required to complete an online risk assessment prior to the initial appointment. This was used to determine the risk factor prior to the appointment such as COVID-19 history, bleeding disorders, whether vitamin K was given and infection risks.

A comprehensive assessment was carried out at the assessment appointment before undertaking the frenulotomy procedure. This included a review of the pre-assessment and a more detailed exploration of risk factors. The assessment included a review of the infant and maternal health, full family health history, including known bleeding disorders and whether the baby had received vitamin K. An assessment of feeding technique and review of the baby's feeding history was undertaken to determine appropriateness of the frenulotomy. A physical examination of the baby's mouth was carried out the check for any mouth related issues, including anatomical anomalies and oral infections, such as thrush. Babies with complex medical needs or unusual oral anatomy were referred to the NHS for more complex treatment.

The service used the Hazelbaker assessment tool for lingual frenulum function (HATLFF), a two-part tool assessing both visual and functional mobility of the tongue. Each baby was scored, and the outcome determined the appropriateness and safety of a frenulotomy procedure. Only babies with a functional deficit, which restricted their ability to feed or use their tongue appropriately, had a procedure carried out. We reviewed four patient records and there was evidence of the tool being used and a score being given. In each case the frenulotomy was indicated based on the score.

The registered manager knew about and dealt with any specific risk issues. Where risks factors such as bleeding disorders, absence of vitamin K prophylaxis or other underlying medical conditions were identified, advice was sought from the baby's GP or other professionals involved, such as a paediatrician or midwife before undertaking the frenulotomy procedure.

The registered manager followed the Association of Tongue-tie Practitioner's (ATP) guideline on the management of bleeding. The manager carried a copy on all visits. Processes were in place to mitigate risks identified through the pre-assessment. For example, referring to specialists where there were concerns or potential complications, referring to a clinic-based service if the home was unsuitable and encouraging the primary care givers to request vitamin K was given prior to the procedure by a health professional. Where babies required a frenulotomy and had not been given vitamin K the primary care givers were explicitly informed about the increased possibility of bleeding and this was indicated on the consent form.

The registered manager regularly examined the baby post procedure and did not leave until they were assured all bleeding had stopped. The registered manager had received training in the management of bleeding complications and

life support training appropriate to their role. The registered manager knew to contact 999 and would accompany the primary care giver and baby to hospital which was in line with the management of bleeding guideline. The primary care giver was provided with information about bleeding risks and what to do in an emergency. Ongoing support was offered by telephone and messaging.

There was a process to reduce the risk of babies moving during the procedure and to ensure they were safely cared for before and after. This included securely swaddling the baby in their own blanket, with the primary care giver positioned to hold the baby's head and shoulders while the frenulotomy was carried out.

The registered manager shared key information to keep babies safe when handing over their care to others. The registered manager updated the personal child health record about the outcome of the assessment, the frenulotomy procedure and advice given. A summary letter was also sent to the GP following each appointment.

### Nurse staffing

**The registered manager had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The registered manager was a sole trader. No other staff were employed in the service. Where the registered manager was absent due to annual leave or ill health, no appointments were offered. During these times, any new patients were referred to the Association of Tongue Tie Practitioner (ATP) website so they could source alternative tongue tie practitioners.

### Medical staffing

**There were no medical staff employed by the service.**

### Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Patient records were comprehensive and accessible. The provider used an electronic web-based records system to record information about the baby and their family. The registered manager used the system to record the assessment and outcome, details of the procedure and advice given. Records accurately documented the primary care giver's choice.

An electronic copy of the assessment and details of the tongue tie division were sent to the primary care giver at the end of the appointment.

Photographs taken were with consent from the primary care giver before and after the procedure. These were sent to the primary care givers through a messaging application.

The registered manager updated the personal child health record, also known as the red book, during the appointment. We reviewed the red book of a baby and observed the registered manager updated the assessment undertaken, outcome, rationale for the procedure, support provided, and advice given.

At the time of the inspection, the consent form was a paper record. This was stored in a lockable cabinet in the registered managers office.

Good

# Surgery

Records were stored securely. The online system was securely protected with passwords. The only paper records stored at the time of the inspection was the consent form and GP letter. These were stored in a locked filing cabinet in the registered manager's office. Prior to the manager implementing the electronic system, paper records were used, and these were stored in the locked filing cabinet at the provider's registered location.

### Medicines

**The service did not use medicines.**

Primary care givers were advised they could give simple pain relief medicines to their baby before the procedure, if they felt it was necessary.

### Incidents

**The service had a process to ensure patient safety incidents were managed well. The registered manager recognised and knew how to report incidents and near misses. The manager knew how to investigate incidents. If things went wrong, there was a process for the registered manager to follow to apologise and give patients honest information and suitable support.**

The registered manager knew what incidents to report and how to report them. For example, excessive bleeds requiring treatment and redivisions. There had been no serious incidents or adverse events reported from 1 April 2021 to 31 March 2022. However, the manager was able to describe steps they would take to manage, report and investigate incidents. Any baby who bled significantly post frenulotomy requiring treatment and any redivisions of the tongue tie were submitted to the Association of Tongue-tie Practitioners (ATP). They collected data for national records and for learning, particularly about bleeding risks post frenulotomy. A process was in place to record incidents if required. The registered manager told us they would complete an adverse incident form to provide an overview of the incident, action taken, the outcome and confirmation of reflective account being completed.

The process for reporting incidents was included in the clinical risk management and quality assurance framework. This also included the providers duty of candour responsibilities which the manager understood. The manager explained how they were open and honest and would involve primary caregivers in any investigation, providing a full explanation and apology where necessary.

The manager told us they received useful learning from incidents and clinical updates through the ATP network. The registered manager was a practicing midwife and had contacts with the local NHS trust maternity and infant feeding services. This meant the registered manager received updates on national patient safety incidents relevant to the service.

## Are Surgery effective?

Good

This is the first time we rated effective. We rated it as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. The registered manager ensured they followed up to date guidance.**

Good

# Surgery

Up-to-date policies to plan and deliver high quality care according to best practice and national guidance were followed. The registered manager implemented policies developed by the Association of Tongue Tie Practitioners (ATP) and adapted these to the service. This ensured the policies were relevant and based on national and most up to date guidance. For example, the service had a tongue tie policy which was in date and referenced the National Institute for Health and Care Excellence (NICE) guidance for division of ankyloglossia (tongue-tie) for breastfeeding, 2005. Furthermore, a bleeding guidance policy was in place and based on guidance from leading clinicians and the ATP.

The registered manager undertook a comprehensive assessment of need prior to the frenulotomy procedure in line with policy. Four records demonstrated compliance with policy. A full medical and birth history was documented, including details of any known blood clotting disorders. All records demonstrated a full feeding assessment had also carried out in line with the tongue tie policy and best practice. They also followed guidance to ensure babies were fed quickly after the procedure to reduce the risks of bleeding and provide comfort.

The registered manager used the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF). This is an evidence-based decision-making tool, to assess for tongue tie and determine whether a division was required. This enabled the registered manager to exclude other causes of feeding difficulty, such as oral thrush. We observed the manager complete this assessment and four records we reviewed provided evidence of consistent practice.

The registered manager assessed the risk of bleeding in line with the ATP bleeding guidance and provided the primary care giver with information regarding risk and management of bleeding. The manager carried the guidance to each visit and provided the family with information to read after the visit.

The registered manager was a member of the ATP and kept up to date with guidance and best practice shared through the ATP.

### Nutrition and hydration

**The registered manager completed feeding assessments and provided specialist advice on feeding and hydration techniques.**

A full feeding assessment was undertaken before deciding whether frenulotomy was appropriate. We observed the registered manager assessing the babies feeding history and feeding methods and techniques already in place.

The registered manager made sure the baby was feeding effectively and the mother felt confident with feeding post procedure. The registered manager encouraged the primary care giver to feed the baby to provide comfort and help control the bleeding immediately after the procedure in line with the tongue tie policy. The registered manager provided support and guidance to optimise positioning, attachment to the breast or bottle and maximise tongue movement whilst feeding. Where the primary care giver was in pain or struggling, the registered manager demonstrated alternative methods and advised on how to reduce pain. The registered manager demonstrated, supported and observed the feeding techniques until the primary care giver felt confident and the baby was feeding well.

The registered manager encouraged the family to support with feeding. The registered manager provided advice and support to the father in how they could assist with feeding.

### Pain relief

**The registered manager assessed and monitored babies regularly to see if they were in pain.**

Babies were observed during the procedure and immediately afterwards and were encouraged to feed as soon as possible in order to provide comfort and pain relief.

Medicines were not administered for pain relief. The registered manager provided information about pain relief to the primary care givers. Babies over eight weeks old could be given pain relief by their primary caregiver prior to their appointment if they felt this was required.

Whilst not a regulated activity, the registered manager gave extensive advice and support to breast feeding mothers to help them manage pain during feeding.

### Patient outcomes

**The registered manager had recently implemented a system to monitor the effectiveness of care and treatment, however, this was not fully embedded.**

The registered manager used an electronic system to record information and the assessment outcome of each new baby. The registered manager told us the electronic system ensured all aspects of the assessment had been completed as it did not allow the manager to move on until each question had been answered. This ensured a full assessment had been undertaken and the service was able to easily audit the records and monitor outcomes. However, the manager did not use this to collate information regarding the quality and effectiveness of the service.

The registered manager had not fully implemented a comprehensive programme of repeated audits to check improvement over time. We fed back to the registered manager concerns they did not have a fully embedded process to check for quality and compliance against best practice. Immediately following our inspection, the registered manager undertook a documentation audit using the ATP record keeping audit tool. This was a 10% audit of records over a six-month period. The audit demonstrated 100% compliance with all measures of the audit. The manager intended to repeat every six months in line with policy thereafter and told us they would include a peer review for objectivity.

Outcomes for patients were positive, consistent and met expectations. The service recorded the number of re-divisions and complications. From April 2021 to March 2022 the service recorded two redivisions and no other complications out of 342 frenulotomy procedures undertaken. This equals a redivision rate of 0.58% and below the national average. A study by the ATP in 2020 showed the average national risk rate for re-division was 3-4%.

Following our inspection, we spoke with five women who had recently used the service. All women described significant improvements in their babies' feeding having had a frenulotomy and found the advice and support given to feed their baby significantly helped them.

The registered manager had recently implemented an outcome and feedback tool to improve patient outcomes. The tool consisted of nine questions sent to the primary care giver two weeks after the procedure and then six months after the procedure. The March 2022 report showed 79% of primary care givers strongly agreed they had seen an improvement in their baby's feeding since the procedure and a further 20.8% agreed. As the tool had only been implemented in February 2022, the six-month outcome questionnaire had not yet been sent out. The registered manager told us this would be used to demonstrate effectiveness and improve the service moving forward.

There were no national audits which were relevant to the service. However, the registered manager submitted data to the ATP about the number of bleeds, infection rates and the number of redivisions they carried out. This enabled comparisons to be made with other providers of tongue-tie services and for any learning to be shared. There had been no bleeds requiring treatment reported by the service in the previous 12 months.

Good

# Surgery

Accreditations were not available for tongue tie practitioners. However, the registered manager was a midwife and a member of the ATP which set standards for practice within tongue tie services. They were also accredited by the International Lactation Board of Feeding Lactation Consultant Examiners (IBCLE), which promotes breastfeeding and lactation care.

## Competent staff

**The registered manager made sure they were competent for their roles.**

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. The manager was a registered midwife and an international board-certified lactation consultant. They had completed competency-based training in tongue tie and were a member of the ATP.

The registered manager had recently completed their revalidation to maintain their midwife registration. As part of this the registered manger undertook reflective learning which detailed positive reflective practice as required by the Nursing and Midwifery Council (NMC) mentor for revalidation. They were up to date with all mandatory training and relevant competencies.

Prior to the COVID-19 pandemic, the registered manager was in the process of organising peer reviews. However, this was not implemented due to risks associated with COVID-19. The registered manager intended to restart this process.

## Multidisciplinary working

**The registered manager worked with other healthcare professionals to benefit patients. They supported each other to provide good care.**

The registered manager worked across health care disciplines and with other agencies when required to care for patients. This included community midwives and health visitors. The GP was updated by letter following the procedure. The registered manager updated the personal health record of each baby with details of the assessment, procedure and outcome so key information could be shared with other professionals.

The registered manager referred primary care givers to other services where required. For example, where the pre-assessment identified any risks, the registered manager referred to the GP or paediatric services.

## Seven-day services

**The service was available seven days a week to support timely and personalised patient care.**

The service offered appointments seven days a week to accommodate the needs of the baby and the primary care giver. The registered manager was responsive to families who needed additional advice and support, responding to messages and calls seven days a week.

Where the registered manager took leave, new referrals were signposted to the ATP website where there was a directory of other local tongue tie practitioners.

## Health promotion

**The registered manager gave patients relevant practical support and advice to lead healthier lives.**

Good

# Surgery

The service had relevant information promoting healthy lifestyles and support on their website. The provider offered support with feeding during the appointment. Advice and guidance was offered to breast feeding mothers to support comfort and reduce pain whilst breast feeding. They also encouraged the father to be involved. The provider also offered additional services to improve baby's sleeping patterns.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**The registered manager supported primary care givers and legal guardians to make informed decisions about their baby's care and treatment. They followed national guidance to gain primary care givers consent.**

The registered manager gained consent from primary care givers and legal guardians for their baby's care and treatment in line with legislation and guidance. They confirmed the person giving consent was the primary care giver with parental responsibility. The registered manager checked the baby's personal child health record and birth history as part of the consent process. They ensured the information in the book corresponded to the baby they were seeing.

The registered manager made sure consent to treatment was made based on all the information available. The registered manager provided the primary care giver with detailed information to support their decision. This included the risks and benefits of the frenulotomy procedure, possible complications and evidence of effectiveness. Information regarding risks and benefits were accessible on the provider's website.

The registered manager went through the consent form with the primary care givers. Women we spoke with, following our inspection, told us the registered manager gave them time to discuss with each other and the manager before making a decision. One woman told us the registered manager advised them to reschedule the frenulotomy procedure as they were not sure.

We observed the registered manager discussing all the risks and benefits of the procedure, as well as all the relevant patient history.

Consent was clearly recorded in patients' records. All records we reviewed demonstrated written consent had been obtained. The consent form also included COVID-19 risks, redivision risks, infection risks and consent to take photographs.

The registered manager understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Although the registered manager had not been required to carry out a procedure under these circumstances, they had received training in it and had access to professional advice around this if it became required.

## Are Surgery caring?

Good

This is the first time we rated caring. We rated it as good.

### Compassionate care

**The registered manager treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Good

# Surgery

The registered manager was discreet and responsive when caring for patients. The registered manager took time to interact with the babies and those close to them in a respectful and considerate way. We observed the registered manager interacting in a compassionate, empathic and kind way with both the baby and primary care givers. The registered manager sought the primary care givers thoughts and feelings before offering guidance. For example, 'how would you feel about me helping you breast feed?'.

Primary care givers said the registered manager treated them well and with kindness. All women we spoke with spoke highly of the registered manager and service they received. The registered manager was described as 'passionate and informative', 'very professional' 'really friendly', 'absolutely brilliant', and 'put us at ease'. One woman described the manager as 'exemplary before, during and after the procedure' and described having a 'fantastic experience'.

The registered manager followed policy to keep patient care and treatment confidential. Details were not shared with other healthcare providers without the primary care giver or legal guardians' consent. Electronic patient records were stored securely with password protection. Primary care givers described the registered manager as 'trustworthy'.

The registered manager was non-judgemental when undertaking feeding assessments and providing advice and guidance around feeding techniques. The registered manager took time to understand the challenges with feeding and offered advice accordingly.

The service implemented a satisfaction questionnaire in February 2022. Questionnaires were sent to all primary care givers after two weeks following the frenulotomy procedure. Of the 24 completed, 100% strongly agreed or agreed that the service treated the primary care givers and baby with care and compassion. Furthermore 100% of respondents strongly agreed or agreed that their dignity was maintained throughout the consultation.

### Emotional support

**The registered manager provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

The registered manager gave patients and those close to them help, emotional support and advice when they needed it. They took time to explain the process and what they were doing throughout the appointment. The registered manager told us they did not leave until the primary care givers were confident in feeding their baby post procedure. We saw lots of support and encouragement was given to primary care givers. They were given time to ask questions and practice different feeding techniques with support. This also included demonstrating and practicing post procedure exercises to avoid re-attachment.

The registered manager had a calm and engaging manner. We observed the manager to immediately put people at ease, displaying empathy and encouragement. We observed the registered manager offering reassurance to primary care givers during a consultation and encouraging them with feeding their baby. One woman we spoke with, following our inspection, told us 'all the way through she was supportive and encouraging'.

The registered manager was focused on the baby's emotional needs. Primary care givers who were breast feeding were advised to place some amount of breast milk on a gauze which was used to stimulate the sense of smell of the baby immediately prior to and during the procedure to promote a sense of calm and comfort. We observed this had a positive impact. Feeding the baby immediately after the procedure was also encouraged to comfort the baby.

Good

# Surgery

The registered manager understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. One woman told us they were very anxious about the procedure and the registered manager 'was very calming and put me at ease immediately'. Two women had returned with a second baby with a suspected togue tie as they felt comfortable and confident in the service previously provided by the registered manager. Both described having an excellent experience the first time with positive outcomes.

Outcome questionnaires demonstrated 100% of those who completed them, strongly agreed or agreed that the service listened to their concerns and opinions.

### Understanding and involvement of patients and those close to them

**The registered manager supported mothers and primary care givers to understand their baby's condition and make decisions about their care and treatment.**

The registered manager made sure primary care givers understood their care and treatment. They took time to explain the procedure including the risks and benefits. Outcome questionnaires demonstrated 95.8% strongly agreed they felt involved and informed on all decisions and a further 4% agreed.

The registered manager supported families to make decisions about whether to go ahead with the frenulotomy procedure. All five women we spoke with told us they were provided with detailed information before deciding whether to go ahead with the procedure. Furthermore, all women felt the registered manager provided in-depth advice and support with feeding practices and aftercare. The registered manager provided clear and detailed advice and information to the families and made sure they understood.

The registered manager talked with families in a way they could understand. For example, the registered manager talked through the procedure and what to expect. This was supported with pictorial information to enhance understanding. The manager provided primary care givers with links to feeding videos to support them after the appointment.

Appointments were between 90 minutes and two hours in length. This enabled the family time to ask questions and for the registered manager to assess feeding post procedure and ensure primary carers and legal guardians felt confident. Telephone follow up support was freely available post procedure.

Following the procedure, the registered manager sent the primary care giver a copy of the assessment, details of the procedure and aftercare advice. Furthermore, aftercare information was given which the registered manager added to during the appointment with personalised information and signposting. All women we spoke with were happy with the information provided.

The registered manager took an inclusive and holistic approach which involved both primary care givers. Where both primary care givers were present, the registered manager took time to involve them throughout the assessment and procedure. For example, we observed the registered manager seek feedback from the father during the assessment and assigned tasks for both primary care givers throughout the procedure, so they were both fully involved. Following the procedure, the registered manager took time to support both the mother and father with feeding and provided the father with ways they could be involved when breast feeding was the feeding method of choice.

Feedback on the service and their treatment could be given and staff supported them to do this. The manager sent the primary care giver a questionnaire after two weeks which enabled them to provide feedback about how they felt the appointment was, responsiveness and outcomes.

Good

# Surgery

Positive feedback about the service was given. The manager did not collate all compliments. However, the registered manager showed us messages received from women which were overwhelmingly positive. All 24 surveys completed in March 2022, either strongly agreed or agreed they had seen an improvement in their baby's feeding two weeks after the procedure. Furthermore, we spoke with five women who were all very complimentary about the service provided, their involvement and support given. All women told us they would or have recommended the service to others, one woman told us they 'would 100% recommend' the registered manager.

## Are Surgery responsive?

Good

This is the first time we rated responsive. We rated it as good.

### Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

The registered managers planned and organised services, so they met the needs of the local population. Appointments were flexible and the registered manager rearranged them when required. The registered manager offered two to three appointments a day which enabled urgent referrals to be accommodated at short notice. Most new referrals were seen within 24 to 48 hours. If the registered manager was unable to meet the requirements or needs of the family, they signposted to other tongue-tie practitioners or referred them to the Association of Tongue Tie Practitioners (ATP) website which had a directory of approved providers.

The service had systems to help care for patients in need of additional support or specialist intervention. The registered manager offered lactation support and was also a specialist sleep consultant. These services were offered in addition to the tongue tie services. The registered manager had contact details for local support agencies including support for new mothers, mental health support services and local midwives and health visitors.

The registered manager monitored and took action to minimise missed appointments. The registered manager told us they did not have missed appointments. All visits were home based, and the registered manager took time to engage with primary care givers beforehand over the telephone which built a rapport before the home visit. The registered manager re-scheduled appointments free of charge.

The service relieved pressure on NHS services. Local NHS tongue tie services were restricted during the COVID-19 pandemic. The registered manager could offer appointments within 24 hours to improve babies' feeding which meant less pressure on the NHS.

### Meeting people's individual needs

**The service was inclusive and took account of patients' and their families individual needs and preferences. Reasonable adjustments to help patients access services were made. They coordinated care with other services and providers.**

The service was inclusive and took account of patients' individual needs and preferences. For example, the registered manager told us they provided primary care givers with time and space to discuss whether they wanted to go ahead with

a procedure. One woman we spoke with told us they were unsure about whether to go ahead and the registered manager told them they would leave and return on another date, so they had time to consider the options and were comfortable with the decision. The woman told us they did not feel pressured at all and the registered manager took into account their views and feelings.

The registered manager understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They had received equality and diversity training. The service had not treated any patients with complex needs. The registered manager told us they would ask permission from the primary care givers to seek support from their GP or health visitor if they had concerns about their ability to provide the right support during treatment.

The registered manager made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service could provide information leaflets in languages spoken by the patients and local community. The registered manager told us they had used online translation services to provide patient leaflets in other languages.

Primary care givers' individual needs and preferences were taken into account when giving advice and guidance. For example, the registered manager did not judge primary care givers whose preference was bottle feeing over breast feeding and supported them accordingly. They provided contact details so the primary care givers could get in contact for support post procedure.

The registered manager made effort to explain the outcome of the assessment and the procedure using different methods of communication to help families understand. For example, when undertaking the assessment, the registered manager explained why they were asking questions. When undertaking an oral assessment, the registered manager explained and demonstrated to the primary care givers what they were looking for. Photographs taken before and after the procedure also helped the primary care givers to understand. This helped them become fully involved in the care and treatment.

### Access and flow

**People could access the service when they needed it and received the right care promptly. There were no waiting times to access the service.**

The registered manager monitored waiting times and made sure patients could access services when needed and received treatment quickly. Appointments were offered within 24 to 48 hours. The registered manager enabled flexibility to ensure more urgent referrals could be seen sooner and if available on the same day. The service did not operate a waiting list. All five women we spoke with told us the service was very quick to respond to the initial referral and offered appointments to meet their needs. A post procedure questionnaire showed 96% of primary care givers in March 2022 strongly agreed that the registered manager was easy to contact.

The registered manager ensured the baby was assessed and treated within a timely manner. The frenulotomy procedure was usually completed on the same day as the assessment appointment. The length of appointment was tailored to the needs of the family. The manager ensured the baby was feeding effectively, there were no complications and the primary care givers were feeling confident before leaving the family home.

Follow up appointments could be booked upon the primary care giver's request for further support with feeding.

Good

# Surgery

The registered manager provided contact details to the primary care givers for advice and information post procedure. They were sent information by email and messaging on the day of the appointment with useful links to videos to support feeding. All five women we spoke with told us the registered manager was responsive to them following the procedure. Outcome questionnaires demonstrated 96% of primary care givers in March 2022 strongly agreed that the registered manager was easy to contact after the procedure and a further 4% agreed.

The registered manager ensured the number of cancelled appointments was kept to a minimum. They had not cancelled any appointments and said appointments would only be cancelled if the registered manager was unwell.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

Primary care givers and legal guardians knew how to complain or raise concerns. Women we spoke with knew how to make a complaint. Information on how to make a complaint was included in the service privacy policy on the website.

The provider's clinical risk management and quality assurance framework detailed the process for dealing with concerns and complaints. The registered manager described their process for investigating formal complaints which followed their policy. The provider aimed to investigate complaints and provide a full response within 20 working days. The manager had a process to record complaints received. However, no complaints had been received in the 12 months prior to the inspection. Most feedback received by the service was positive.

## Are Surgery well-led?

Good

This is the first time we rated well led. We rated it as good.

### Leadership

**The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable to those wishing to us the service.**

The registered manager had the skills, knowledge, experience and integrity to run the service. The service was led by the registered manager who owned the company as a sole trader. They were a registered midwife and had undertaken tongue tie and lactation training. The registered manager had completed equality and diversity training.

The registered manager understood the challenges to quality and sustainability and could identify actions needed to address them. The running of the service was overseen by the registered manager. They could identify the challenges to the service. For example, lone working, challenges of the COVID-19 pandemic and improving governance processes. The registered manager was able to describe what actions they had taken or planned to take to address these challenges.

The service had a lone working policy. Patient homes were assessed for safety as part of the pre-assessment process.

Good

# Surgery

The registered manager was visible and approachable. The registered manager had established links within the local community. They engaged with other tongue tie practitioners to ensure the service remained current and viable. Most new referrals received were now by recommendation from other professionals or previous patients. The service was on the Association of Tongue Tie Practitioners (ATP) approved service directory. The provider website shared information about the service, the registered manger and the tongue-tie service offered.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and aims and objectives to turn it into action.**

The registered manager had a vison and set of aims and objectives it wanted to achieve. The registered manager aimed to provide holistic support to families in their own home who were experiencing difficulties with feeding. The registered manager told us they wanted families to feel supported in their feeding journey and be able to have the best lives possible.

The aims and objectives outlined how the service intended to achieve its vision, this included how the registered manager would support families where a home visit was not suitable or where the registered manager recognised their limitations in practice to signpost on to a more suitable practitioner.

The registered manager was passionate about providing a high quality and sustainable service. They offered additional advice and support to families during procedures to ensure they received a holistic approach. Additional services including sleep therapy and feeding services were offered to purchase, however, we observed the registered manager provide advice and guidance in both areas throughout a tongue tie consultation. The registered manager had a vision in the future to offer a clinic-based service to enhance the service and provide options to families locally.

## Culture

**The registered manager focused on the needs of patients receiving care and promoted equality and diversity in their daily work. The service had an open culture where primary care givers could raise concerns without fear.**

The culture was centred on the needs and experience of people who use services. The registered manager promoted an inclusive, supportive and positive culture to primary care givers and babies. Feedback from primary care givers received following our inspection was all very positive, demonstrating the registered manager provided personalised and supportive care. Advice and support was tailored to the needs of the baby and family. On-going support was offered over telephone or messaging free of charge following the frenulotomy procedure for as long as the family needed. Women told us the registered manager was very responsive to requests for on gong support. One woman told us they responded almost immediately and at various times of day which they were appreciative of.

The registered manager offered appointments seven days a week to ensure babies and families received a service at a time that suited them. For example, the registered manager undertook a consultation on a Sunday, so the father was present on request of the mother.

The registered manager was positive and proud to offer services. Most women we spoke with described the registered manager as being passionate about what they did.

The culture of the service encouraged openness and honesty with people who use services. The registered manager understood the duty of candour regulation but had not needed to enact this. Women told us they trusted the registered manager and felt comfortable being open with her and seeking support. The registered manager told us they would seek support and guidance themselves from other tongue tie practitioners or NHS colleagues when needed.

Good

# Surgery

## Governance

**Governance processes were in place, although they were not fully embedded. The registered manager was clear about their roles and accountabilities for the service provided**.

Systems to improve quality and performance were not fully embedded. The registered manager had developed a process for regular quality audits, however, at the time our inspection, this had not been implemented. However, following our inspection, the registered manager completed a 10% documentation audit and intended to repeat this in six months and twice yearly thereafter. Audits demonstrated 100% compliance across all audit standards.

The service had implemented a quality outcome tool to assess overall satisfaction and outcomes after two weeks and six months. This had been implemented in February 2022, therefore data received was limited and the six-month outcome measures had not yet been sent out. Initial response rates were good, and feedback and outcomes were positive.

The service had a process to record any excessive bleeds or redivisions. Where required, these were reported to the ATP and were documented in patient records.

The registered manager had made progress implementing quality governance processes and could identify the areas for further improvement. The service did not have an overall quality and performance report to monitor progress overtime, however, this was something the registered manager intended to implement.

Policies and procedures were in place and relevant to the service. The service used the ATP policies and procedures. A suite of policies and procedures were produced by the ATP as a general guide to support consistency amongst independent tongue tie practitioners and were based on most up to date guidance. The policies enabled each practitioner to amend them for individual practice. At the time of our inspection these were not all personalised to the service. However, immediately following the inspection the provider updated all policies and procedures to ensure they referenced the service and registered manger's details.

The registered manager was clear about their roles and accountabilities for the service provided. They aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification from April 2021 to March 2022.

The registered manager had an in-date Disclosure and Barring Service (DBS) check completed and had a process for renewing this. This was due for renewal in July 2022.

The service had a privacy policy in place. This included how information was collected and stored and how information could be accessed if a copy was requested.

The registered manager was aware of their responsibilities to General Data protection Regulation (GDPR) and how it impacted on the data protection and privacy of baby and primary care givers. The registered manager obtained written consent from the primary care giver to evidence the agreement for records to be kept.

The service had appropriate indemnity arrangements to cover all potential liabilities which could arise. This included professional indemnity.

## Management of risk, issues and performance

**Systems to manage performance had been implemented. Risks were identified and actions to reduce their impact were listed on the service risk register. They had plans to cope with unexpected events.**

Good

# Surgery

Arrangements for identifying, recording and managing risks were in place. A risk register was in place which recorded six risks identified by the registered manager which could have an effect on their service. For example, COVID-19 transmission risk, bleeding post division, car breakdown, lone working, illness of registered manager and complaints. All risks listed had mitigations in place and were mostly assessed as low risk. However, not all risk identified during our inspection were included on the risk register. For example, risk of post procedure infection, clinical waste and mobile working, and storage of paper records.

Systems to monitor outcomes and quality had been implemented. The registered manager had recently implemented a satisfaction and outcome tool to monitor quality and patient outcomes post procedure. This was newly implemented, and outcome data was limited at the time of our inspection. The manager had a process to follow up calls and messaging to monitor quality and patient outcomes. The service reported any known redivision or excessive bleeds externally for monitoring purposes to the ATP.

### Information Management

**The service collected reliable data. Data was easy to locate and stored in easily accessible formats. The information systems were secure. There was a process to submit notifications to external organisations as required.**

All new patient information held by the provider was stored electronically. A specialist patient records management system was used to store patient information and was password protected.

There was a system to ensure all paper records held, such as old patient records and written consent forms, were stored in a lockable filing cabinet.

The registered manager updated the personal child health record with the individual patient and family details, such as name of baby, procedure undertaken, advice given and dates. Primary care givers received a summary of the consultation and a letter to the GP if the primary care givers had consented for this information to be shared.

Systems were in place to record and collate complaints and incidents. However, the service had not received any complaints and no incidents had occurred from April 2021 to March 2022. The service received compliments from families through messaging but did not routinely record this information.

The registered manger was aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification from April 2021 to March 2022. They were also aware of incidents to submit to the ATP such as infections, excessive bleeding or redivisions.

### Engagement

**The registered manager engaged with patients, the public and local organisations to manage their service. They collaborated with partner organisations to help improve services for patients.**

The provider's website contained free and useful information about the condition of tongue tie, the frenulotomy procedure and about baby feeding. Following the consultation, the registered manager offered free on-going support over the telephone or through messaging. All women we spoke with described a high level of engagement from the registered manager. In addition, the registered manager offered follow up consultation appointments to support effective feeding and sleep hygiene.

Good

# Surgery

Processes were in place to seek feedback from primary care givers. A feedback questionnaire had been implemented in February 2022. Primary care givers were encouraged to give feedback via a survey that was sent two weeks following the consultation or procedure. All feedback was positive and complimentary towards the registered manager's approach to patient centred care. It was intended a six-month questionnaire would be sent moving forward. The registered manager provided evidence of positive feedback received via messaging. We saw extensive feedback demonstrating positive outcomes for babies and their primary care givers and also appreciation of the support provided. However, this was not collated in a systematic way.

The provider engaged with local community midwifery and health visitor services and was a member of the Association of Tongue Tie Practitioners.

### Learning, continuous improvement and innovation

**The registered manager was committed to continually learning and improving services. They understood the skills required to make improvements and they shared information for research and to innovate future services.**

The registered manager kept up to date with new information, research and sharing of learning through the ATP to ensure they were providing safe and effective care. They were keen to learn from anything which would improve the experience for mothers and their babies.

The registered manager was committed to continuous professional development and to improving care for babies with tongue tie. Following their tongue tie training, the registered manager became a certified lactation consultant and had recently completed an infant feeding training update course. The registered manager continues to practice as a registered midwife.

The registered manager was committed to continual learning. Although they had not received any complaints or recent incidents, they could provide examples where they have made changes to practice to improve safe and effective care. For example, the provider changed the pre-assessment questions following a case where a primary care giver had a specific bleeding disorder. This was not on the pre-assessment questionnaire. Whilst the questions were asked during the verbal pre-assessment, the manager recognised it could have saved time to ask beforehand as the baby required a blood test prior to a procedure.

The registered manager was aware of areas for improvement within the service. For example, improving processes for seeking and collating feedback and fully embedding the audit programme to improve the quality and effectiveness of the service.